

## PART B - FEE(S) TRANSMITTAL

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32588 7590 05/27/2004

**APPLIED MATERIALS, INC.**  
**2881 SCOTT BLVD. M/S 2061**  
**SANTA CLARA, CA 95050**

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Maureen Walstra (Depositor's name)

Maureen Walstra (Signature)

8/23/04 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/056,299

01/23/2002

Ole Krogh

006371

9769

USA/CPS/IBSS/LAP

TITLE OF INVENTION: CLEANING PROCESS RESIDUES ON A PROCESS CHAMBER COMPONENT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional

NO

\$1330

\$300

\$1630

08/27/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
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EL ARINI, ZEINAB

1746

134-003000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Janah &amp; Associates

2

3

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

APPLIED MATERIALS, INC.

Santa Clara, CA

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☒ Advance Order - # of Copies

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-1074 (enclose an extra copy of this form).

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(Authorized Signature)

(Date)

Robert W. Mulcahy, Reg. No. 25,436

8/23/04

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08/27/2004 RMEBRAH1 00000022 501074 10056299

01 FC:1501

1330.00 DA

02 FC:1504

300.00 DA

03 FC:8001

6.00 DA

TRANSMIT THIS FORM WITH FEE(S)